NH MEDICAL CONTROL BOARD

NH Fire Academy
Concord, NH

MINUTES OF MEETING

November 16, 2006

Members Present: Tom D'Aprix, MD; Frank Hubbell, DO; Patrick Lanzetta, MD Jim Martin, MD; Douglas McVicar, MD; William Siegart, DO; John Sutton, MD; Norman Yanofsky, MD; Sue Prentiss, Bureau Chief

Members Absent: Donavon Albertson, MD; Chris Fore, MD; Jeff Johnson, MD; Joseph Mastromarino, MD;

Guests: Doug Martin, Michael Pepin, and others.

Bureau Staff: Vicki Blanchard, ALS Coordinator, Kathy Doolan, Field Services Coordinator; Clay Odell, Trauma Coordinator; Eric Perry, Education Coordinator; Fred von Recklinghausen, Research Coordinator

I. CALL TO ORDER

Item 1. McVicar called the meeting of the NH Medical Control Board (MCB) to order on November 16, 2006 at the New Hampshire Fire Academy, Concord, NH. 09:00 AM.

Introductions were conducted.

II. ACCEPTANCE OF MINUTES

Item 1. September 21 Minutes were approved unanimously.

Item 2. EMS Community. At this time Prentiss announced to the Board that David Dow, Field Services Representative for Region II, is officially retired. He is to be commended for his 26 years of service to NH EMS. There was a retirement party November 11th which was well attended.

III. DISCUSSION AND ACTION PROJECTS

Item 1. 2007 - 2008 Protocols: Following the September meeting the protocols were sent out for vetting. Blanchard reviewed the process. The entire book of protocols was divided more or less evenly among the members of the MCB, and an additional 80 copies of the draft protocols were distributed through members of the Protocol Subcommittee to NH providers for review. All the MCB members copies were returned with comments, along with 20 of the peer review copies.

The protocols subcommittee then met to review and incorporate the comments. The great majority of suggestions were adopted.

D'Aprix presented to the meeting a summary of the protocols which were revised as a result of this process:

Preface: Calling medical control. The 2005 paragraph regarding calling medical control for further orders was returned. Prentiss revised the First Responder sentence to reflect changes in their training.

Routine Patient Care: The pediatric charts were revised for clarity and consistency. Added intranasal administration via aerolizer. Added pelvis fracture care. Added capnography to vital signs. Added hyperthermia for temperature assessment.

Patient Status: Removed the last paragraph as it was repeated in the Air Medical Transport Protocol.

Air Medical Transport: Added a bullet under Anatomic criteria: Multi-system trauma.

Communication: Removed the section on Resource Coordination Center as it no longer exists.

Allergic Reaction/Anaphylaxis-Adult: Changed Epi-Pen to "adult epinephrine auto injector." Removed drip rate from epinephrine drip as this is pump specific.

Allergic Reaction/Anaphylaxis-Pediatric: changed "Epi-Pen Jr" to "pediatric epinephrine auto-injector (Epi-Pen Jr)." Corrected the SQ concentration to 1:1,000. Added PO diphenhydramine.

Asthma/RAD-Pediatric: Changed SBP from > 90 to "maintain hemodynamic status." This change was made throughout the document on all pediatric protocols where it applied.

Diabetic - Pediatric: Added volume to <30 days dextrose dose to be consistent with other pediatric dosing.

Hypothermia-Adult & Pediatric: Changed the defibrillation regime to be consistent with the 2005 AHA standards.

Pain Management-Adult: Changed the indication for naloxone administration to be specific for hypoventilation from opiate administration by EMS personnel.

Fever-Adult: Acetaminophen from 650 mg to: 500–1000 mg. Ibuprofen from 600 mg to 400 – 800 mg.

Poisoning/Substance Abuse/Overdose-Adult: Cleaned up isolated organophosphate and cyanide poisoning from MCI events. Added antidote for "dystonic reactions induced by antipsychotics, such as haloperidol or anti-emetics such as prochlorperazine, promethazine or metoclopramide."

Seizure-Pediatric: Changed IV diazepam dose from 0.1mg/kg to 0.2 mg/kg with a maximum of 5 mg. Added maximum single doses to all benzodiazepines.

Seizures-Adult & Pediatric: Statement regarding flumazenil: limited to reversal of effects of benzodiazepines administered by EMS personnel.

Nausea/Vomiting-Adult & Pediatric: Changed administration of promethazine to be diluted with 10 ml of normal saline, administered over 2 minutes via the furthest port from the vein. Added clause, "For dystonic reactions caused by EMS administration of prochlorperazine, promethazine or metoclopramide administer diphenhydramine. Added ondansetron 0.1 mg/kg (maximum single dose 4 mg) to pediatric. Added granisteron 10 mcg/kg to pediatric. Removed FDA caution box regarding promethazine since it does not apply to NH EMS permitted use.

Bradycardia-Adult: Added benzodiazepines for sedation prior to pacing. Added flumazenil 0.2 mg IV over 20 seconds to reverse the effects of benzodiazepines that were administered by EMS personnel.

Bradycardia-Pediatric: Replaced the Heart Rate Criteria box with the same box used under Routine Patient Care

Tachycardia-Adult: Basic 12-Lead changed to "if available and does not delay transport." Added maximum dose of procainamide = 17mg/kg. Removed overdrive pacing in torsades.

Tachycardia-Pediatric: Basic 12-Lead changed to "if available and does not delay transport." Added maximum doses of amiodarone and lidocaine.

Acute Coronary Syndrome-Adult: General clean up and formatting.

Congestive Heart Failure-Adult: Removed the reference to chest pain/hypertension for NTG administration; now reads: "Consider nitroglycerin 0.4mg SL every 5 minutes prn if SBP > 90 mmHg."

Cardiac Arrest-Adult: Added biphasic joule setting, to be consistent with AHA. Changed needle decompression to "consider" needle decompression. Infusion pump required for the use of pressor agents.

Cardiac Arrest-Pediatric: Added maximum dosages. Change norepinephrine infusion maximum dose which was a range of 1 – 2 mcg/kg/min, to 2 mcg/kg/min. Infusion pump required for the use of pressor agents for post-resuscitation hypotension.

Abdominal Trauma-Adult & Pediatric: Removed protocols as the treatment was already outlined in Routine Patient Care.

Traumatic Brain Injury-Adult & Pediatric: Revised to be consistent with TBI Foundation guidelines per Dr. Sutton's suggestion. Added check blood glucose.

Thoracic Injuries-Adult & Pediatric: Added definition for Tension Pneumothorax

Airway Section 5.1-5.11: Language revised to be consistent throughout.

Intraosseous Access: The subcommittee added the infusion of 2% lidocaine via IO lines for analgesia as suggested by certain vendors. The MCB voted to remove this as there was scant evidence of lidocaine's analgesic effects.

Umbilical Vein Cannulation: The MCB changed the graphic, rotating it 180 degrees, so the vein will be on the bottom at 6 o'clock. This helps trigger the pneumonic "put the catheter in mouth, not in the eye."

Vascular Access via Central Catheter: Agreed this procedure to only be performed by paramedics who had completed an MCB and Bureau of EMS approved training program. Removed the restriction of the implanted catheter to only those already accessed.

Bloodborne/Airborne Pathogens: changed N95 wording to be consistent with the rest of the document.

Advanced Spinal Assessment: Removed the statement that said, "…the principals of this procedure are probably safe…"

Pediatric Restraint and Transportation: Added a line referencing "consider removing mattress."

Removed the Expanded Scope of Practice Protocol.
Removed the Tazer Protocol
Removed the Chemical Burns-Adult & Pediatric Protocol as items were address under regular burn protocol.

Nerve Agent/Organophosphate-Adult, Pediatric & Provider: "Killer B's" added, Moderate/Mild symptoms fixed to be consistent in all 3 protocols. Changed Pediatric age of 1-8 years to > 1 year. The MCB voted to additionally add a bullet under Adult & Provider Basic: "Treatment using Diazepam Auto-Injector only in Mass Casualty Incidents where ChemPaks are deployed."

Medication List: Added dolasetron, granisetron, heparin. McVicar and Blanchard to go to Board of Pharmacy to have heparin added.

Advanced Airway Matrix: Removed endotracheal intubation from Intermediate skill set, as previously decided by the Board.

Skills Matrix: Added First Responder Enhanced Skills that will require enhanced training consistent with previous decisions. The skills are: oxygen administration, extremity splinting, spinal immobilization and vital signs. Added intranasal as a medication route. Added capnography to Intermediate skill set. Added Central Line Access for paramedic with enhanced training.

D'Aprix moved to accept the 2007-2008 NH Patient Care Protocols as corrected. Hubbell 2nd. Vote unanimously approved.

Item 2. Formatting and Publishing the Protocols:. Hubbell stated that he and his editorial/design specialists at TMC Books had been working on format alternatives. He handed out a protocol which had 3 examples within one page. The majority of the group liked the bulleted example as shown in the Basic section.

There was a lengthy discussion on the protocol formatting. Hubbell explained that once he received the final document reflecting all changes up to those made today, it would be "scrubbed," removing all formatting, and then be reformatted using his publishing software. Hubbell presented two ideas to the group. First he felt it might improve the document if all medications and dosages were highlighted to make them stand out. Second he thought an index at the end would prove useful. Both ideas met with favorable comments.

Ordering of the protocols. It was discussed whether the protocols should be kept in their current order or alphabetized. D'Aprix pointed out that alphabetizing would disrupt the airway section. It was suggested, discussed and agreed that the protocols be kept as is, with the familiar sections such as medical emergencies, trauma, airway, etc. Within each section alphabetizing could be considered by the designers if it did not disrupt the flow of the section.

AHA Flowcharts: Blanchard is to get permission from AHA to insert the algorithms into our protocols.

Time table: Blanchard will mail a printed and electronic versions to Hubbell by Monday, November 20th. From there it will take Hubbell's company about a month to format and return a copy for review. Once Blanchard has a copy she will distribute for proof reading.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

ACEP: No Report

Bureau and Division Update: See attached. Martin asked the status of the Online Protocol Exam. Prentiss noted that it is up and running through TEMSIS.

Intersections Project: No report.

NH Trauma System: Sutton reported: The Trauma Conference is Wednesday 29 November 2006 in Meredith, NH. This year's theme is "Ready, Set, Go." with a focus on trauma transfers. David Mooney, MD from Boston Children's, Peter Jacoby, MD Saint Mary's in Connecticut, Ann Lyustrup, RN AirMed University of Utah and Fred Rogers from University of Vermont will be among the speakers.

Laerdal Sim-Man® Project: Clay Odell is refining the scenarios and will then be bringing the simulator to hospitals so it can be used in their environment.

Trauma Nurse Coordinators: A subgroup, which helps with registry information and helping each other out, Sutton extended an invitation that this group was available for all hospitals.

NH Trauma Plan: This 10-year-old plan is being rewritten to be more practical with less verbiage and more "how to."

Interfacility Subgroup: Since their conference last spring the group has been compiling data. They are tracking to see the correlation between the data and "hear say."

Clay Odell was congratulated on his recent election to represent the nation's Trauma Managers on the Executive Committee of the National Association of State EMS Officials.

TEMSIS: Von Recklinghausen reported that to date there are over 104,000 PCR's in the system. 79-80% reporting. Best times for complete report generation using TEMSIS are 13-14 minutes with the average being in the mid 20 minute range. There was a discussion on those units not reporting. They can be broken down into three categories: Those awaiting software (Zoll, Firehouse), Those unlikely to respond (NEEMSI) and those who are just not reporting. Von Recklinghausen states that the first group should be receiving their software upgrade soon, the second group should be purged from the system as they will never need to report and the last group is receiving his personal attention on a one-to-one basis.

The future: A new software revision is due in December. A new basic users guide will also be out very soon. Additionally, TEMSIS is integrating with other state systems – CMRS, AHEDD, SHSP – very nicely.

The next TEMSIS meeting: December 6th.

Yanofsky inquired to the quality of the information being received. Von Recklinghausen stated that there was a built in validity scoring mechanism and at this time a "business logic" element was being developed. This would recognize certain conditions that cannot go together, such as a pregnant male.

Jeanne Erickson stated that she thought the quality of the input was seriously lacking, and that people were sloppy with their documentation, and that it was time to move from quantity to quality. Von Recklinghausen replied that the experience at the national level is to start with quantity and secure reporting before moving to quality – this can take at least a year and a half.

Quality Management: Von Recklinghausen reported on the defining of quality management (QM). He reminded the Board that QM is now in rule and while it is voluntary, if you chose to do it, you must follow our basic structure. At this time this basic structure is being built by a group of stakeholders. In October a group comprised of Bureau Staff, members of the Ambulance Association, rural EMS units, Municipal EMS units, Fire EMS units, etc. met and worked on defining a scope of work. The group will meet again November 27th and begin the development of Clinical QM, Operations QM and Customer Satisfaction QM. A final basic structure is expected to be complete by October 2007.

Other Business: Because the Coordinating Board Meeting follows the MCB meeting, a report of MCB events are reported to the Coordinating Board. McVicar requested to have a representative from the Coordinating Board present a report to the MCB each meeting and to have a copy of the Coordinating Board Minutes be distributed to the MCB before their meeting. Doolan will bring the topic up at the meeting this afternoon.

V. ADJOURNMENT

Motion by Martin, seconded by Hubbell to adjourn. Approved. Meeting adjourned at 12:15.

VI. NEXT MEETING

January 18, 2007 at the NH Fire Academy, Concord, NH.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Vicki Blanchard, ALS Coordinator)